

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If uncertain, state nearest. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

FEB 28 1937

2556

29

1. PLACE OF DEATH

County *Pettis*

Registration District No. *668*

File No.

Township

Primary Registration District No. *3032*

Registered No.

City *Sedalia*

(No. *2*)

St.

Ward

2. FULL NAME

(a) Residence, No. *163 W Henry* St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

ds.

How long in U. S., if of foreign birth?

Yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

*M*

4. COLOR OR RACE

*negro*

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)  
*Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Don't Know*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

*31*

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

*Sedalia, Mo. 1931*

FATHER

13. NAME

*James Taylor*

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

*Don't Know*

MOTHER

15. MAIDEN NAME

*Don't Know*

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

*Don't Know*

17. INFORMANT  
(ADDRESS)

*W. J. Scroggins*  
*414 N. Main St.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Beaman*

DATE

*Feb 2*

1937

19. UNDERTAKER  
(ADDRESS)

*Price Celestine*  
*400 W Cooper St.*

20. FILED

*Feb 2*

1937

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*1-31* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from

*6-24* 19*36*, to *1-31* 19*37*

I last saw her alive on *1-30* 19*37*. Death is said

to have occurred on the date stated above, at *8 a.* m.

The principal cause of death and related causes of importance were as follows:

*tuberculosis of  
the brain glands  
uterus & appendages.  
march 1936*

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

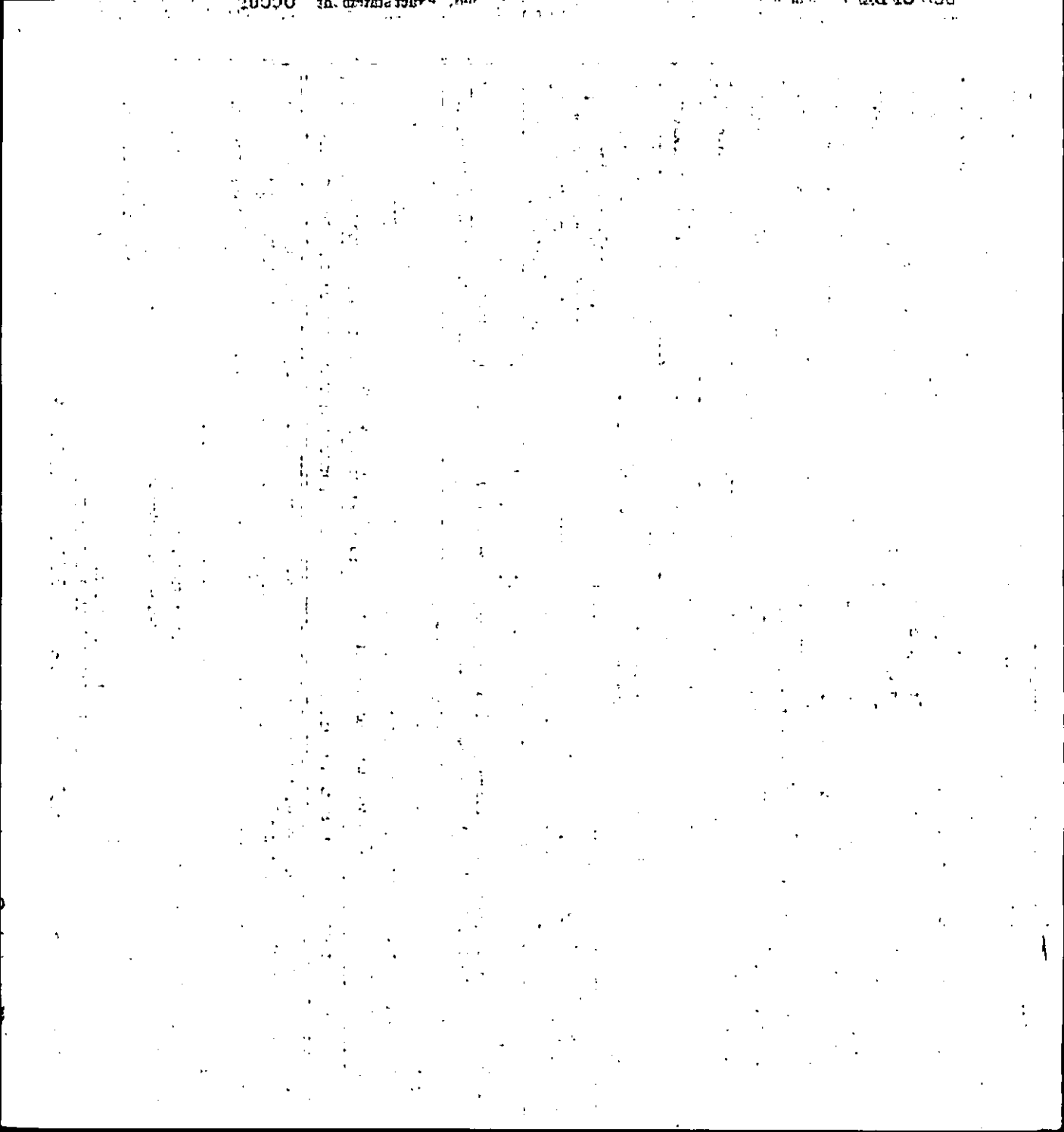
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *W. E. Bledsoe, M.D.*

(Address) *Sedalia, Mo.*



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space. *X*

**1. PLACE OF DEATH**

County *Pettis*  
Township  
City *Sedalia* (No. , St. , Ward)

Registration District No. *668*  
Primary Registration District No. *30321*

File No. *25-5-6*  
Registered No. ,

**2. FULL NAME**

*Polly Anne Scroggins*

(a) Residence, No. , St. , Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *7* 4. COLOR OR RACE *7* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *about 65*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED *Feb 2 1917 Jean Slack* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-31-1917*

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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